

**POWER OF ATTORNEY
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INDICATION FORM**

Application Number	08/838,486
Filing Date	April 7, 1997
First Named Inventor	Steinunn Baekkeskov
Title	METHODS FOR THE DIAGNOSIS & TREATMENT OF DIABETES
Art Unit	1644
Examiner Name	Gerald Ewoldt
Attorney Docket Number	2307AA-031220US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

Practitioners associated with the Customer Number: 20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

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<input type="checkbox"/> Firm or Individual Name			
Address			
City		State	Zip
Country			
Telephone		Email	

I am the:

Applicant/Inventor.

Assignee of record of an undivided interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Joel B. Kirschbaum</i>	Date	3/5/08
Name	<i>Joel B. Kirschbaum</i>	Telephone	415-353-4462
Title and Company	Director - OTM The Regents of the University of California		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

Attorney Docket No.: 2307AA-031220US
Power of Attorney submitted March 5, 2008

I am the: <input type="checkbox"/> Applicant/Inventor. <input checked="" type="checkbox"/> Assignee of record of an undivided interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</i>		
SIGNATURE of Applicant or Assignee of Record		
Signature	<i>Dorothy L. Robinson</i>	Date <i>March 7, 2007</i>
Name	<i>Dorothy Robinson</i>	Telephone <i>203-432-4949</i>
Title and Company	<i>Vice President + General Counsel</i> Yale University	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.		

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